MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE WAS FORM PTO-875)

SERIAL NO.

10/53141

FILING DATE
APPLICANT(S)

A		

		AS FILED AFTER		AFTER 2 **AMENDMENT		AS FILED		AFTER CAMENDMENT		Al 2 day		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1 2			1				-51				DEA.	IN
3							52			4 1		_
4				1			_ 53			4	1	_
5							54	j'			1	
6		 					55				1	
7							56				1	
8				1			57				1	
9 .							<u>58</u> 59				1	
10				-			60				1	
1							61					
12	·						62					<u> </u>
[3		•		1	7		63					
4					•		64					
15				1			65					
6							66					<u> </u>
7							67					
8							68				1	
0				_ \			69		7 1 1 1 1		,	
1			:				70				ŀ	
2				-			71					
3					·		72 73					
4				1			74				0	· ·
5		-					75					
6				1			76					
7			·	. D			77					
8				Ţ.			78					
9				(<u>)</u>			79 .		·			
0				10			80					
2				(1)			. 81					
3				$\frac{\overline{(1)}}{\overline{(1)}}$			82					
4				-4/-			83 84					
5~	•						85					
6							86					
7				1			87					
8							88					
9]					89					
9_							90					
,							91					
2					<u>:</u>	•	92					
4	-				1.44		93					
5 .							94					
6							96					
7							97					
8	1						98					
9							99					•
							100					
L END.		4		4		#	TOTAL IND.		#	2	4	
AL DEP		4		4=		4	TOTAL DEP.		4	58	400	
OTAL LAUMS	1						TOTAL CLAIMS			60	52.5	